GBHWC FORM REVIEW AND ENDORSEMENT CERTIFICATION

The signatories on this document acknowledge that they have reviewed and approved the following:

Originator:

Human Resources

Form No.:

F-AD 27

Form

Title:

Interview Form

Reviewed/Endorsed	Date	Signature
	8/17/16	Taschm
Name and Title		Emily Pangelinan Human Resources

Reviewed/Endorsed	Date	Signature
	8/17/16	Rein, N
Name and Title		Rey M. Vega GBHWC Director

Version: 1



GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER EXIT INTERVIEW QUESTIONNAIRE



ALL INFORMATION WILL BE KEPT FULLY CONFIDENTIAL!

Name/Title		Dept/Section:					17 1	
Supe	ervisor:	Employed from:	to:	to:				
REA	ASON FOR LEAVING GBHWC:							
Rate	each factor on a scale of 1 to 5 with	1 being excellent and 5 being o	f no valı	ue.				
COD	DE: 1–Excellent; 2–Good; 3–Average;	4-Poor; 5-No Value; NA-Unab	ole to Ra	te				
	ORIENTATION:a. General Orientationb. Division/Section Specific Orientc. Other training	ation	1	2	3	4 4 4	5	
	d. Duties outlined		1	2	3	4	5	
	If training needs were not addressed	, how did it impact on your work	ς?					
2.	If training needs were not addressed JOB SATISFACTION:	, how did it impact on your work		2	2			
2.	JOB SATISFACTION: a. Work duties	, how did it impact on your work	1			4		
2.	JOB SATISFACTION: a. Work duties b. Work hours	, how did it impact on your work	1 1	2	3	4	5	
2.	JOB SATISFACTION: a. Work duties b. Work hours c. Work conditions	, how did it impact on your work	1 1 1	2 2	3	4	5 5	
2.	JOB SATISFACTION: a. Work duties b. Work hours c. Work conditions d. Upward mobility/promotion	, how did it impact on your work	1 1 1 1	2 2 2	3 3 3	4	5 5 5	
).	JOB SATISFACTION: a. Work duties b. Work hours c. Work conditions d. Upward mobility/promotion e. Supervision	, how did it impact on your work	1 1 1 1 1	2 2 2 2	3 3 3	4 4 4	5 5 5	
de.	JOB SATISFACTION: a. Work duties b. Work hours c. Work conditions d. Upward mobility/promotion e. Supervision	, how did it impact on your work	1 1 1 1 1	2 2 2 2 2	3 3 3 3	4 4 4 4	5 5 5 5 5	
2.	JOB SATISFACTION: a. Work duties b. Work hours c. Work conditions d. Upward mobility/promotion e. Supervision f. Continuing education	, how did it impact on your work	1 1 1 1 1 1	2 2 2 2 2 2	3 3 3 3 3	4 4 4 4 4	5 5 5 5 5	
) ·	JOB SATISFACTION: a. Work duties b. Work hours c. Work conditions d. Upward mobility/promotion e. Supervision f. Continuing education g. Compensation	, how did it impact on your work	1 1 1 1 1 1	2 2 2 2 2 2 2	3 3 3 3 3	4 4 4 4 4 4	5 5 5 5 5 5	
2.	JOB SATISFACTION: a. Work duties b. Work hours c. Work conditions d. Upward mobility/promotion e. Supervision f. Continuing education g. Compensation h. Wage rate	, how did it impact on your work	1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2	3 3 3 3 3 3 3	4 4 4 4 4 4	5 5 5 5 5 5 5 5	

3.	MORALE:					
	a. Compensation	1	2	3	4	5
	b. Scheduling options	1	2	3	4	5
	c. Approval of leaves	1	2	3	4	5
	d. Rewards/Recognition	1	2	3	4	5
	e. Educational opportunity	1	2	3	4	5
	f. Fair treatment	1	2	3	4	5
	g. Effective communication	1	2	3	4	5
	h. Effective supervision	1	2	3	4	5
	Describe the type of problems and/or opportunities you encountered wit factors listed above that has caused low or high morale for you. (Who, V					e
4.	GBHWC AS AN EMPLOYER:					
	a. Reasonable policies/procedures	1	2	3	4	5
	b. Working conditions	1	2		4	5
	c. Employee support	1	2		4	5
	d. Education/Skills	1	2	3		5
	e. Management Philosophy	1	2		4	5
	f. Accountability from top management	1	2	3	4	5
5.	SUPERVISION AND SUPPORT:					
	a. Had the resources and support necessary to accomplish your job	1	2	3	4	5
	b. Have clear goals and know what was expected of you in your job	1	2	3	4	5
	c. Received adequate feedback about your performance	1	2	3	4	5
	d. Did you get along with your supervisor	1	2	3	4	5
6.	What are the strengths and weaknesses associated with GBHWC.					
7.	What recommendation(s) can you provide to improve retention of e	mpl	oye	es?		
EXI	TINTERVIEW CONDUCTED BY:					
EEO	OFFICER/HUMAN RESOURCES DA'	ΓЕ			100	

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